

## PART B - FEE(S) TRANSMITTAL

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7590

08/09/2006

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(Depositor's name)  
 \_\_\_\_\_  
 (Signature)  
 \_\_\_\_\_  
 (Date)  
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/085,309	02/28/2002	Jean-Francois Kammerl	145.00?	7609

TITLE OF INVENTION: INDUCTIVE COMPONENT AND MANUFACTURING PROCESS FOR SUCH A COMPONENT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	11/09/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
TUGBANG, ANTHONY D	3729	029-602100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.36(j))	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122 attached).	Boyle Fredrickson Newholm
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	Stein & Gratz S.C.

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLAISE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Microspire S.A.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Illange, France

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)
<input checked="" type="checkbox"/> Issue Fee	<input type="checkbox"/> A check is enclosed.
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<input type="checkbox"/> Advance Order - # of Copies _____	<input checked="" type="checkbox"/> The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1170 (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature /timothy e. newholm/ 

Date October 26, 2006

Typed or printed name Timothy E. Newholm

Registration No. 34400

This collection of information is required by 37 CFR 1.11. The information is required to obtain or retain a benefit by the public which it is to file (and by the USPTO to process an application). Confidentiality is guaranteed by 35 U.S.C. 1,14 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing and sending the required application forms to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form, or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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